



Applicant Initiated Interview Request Form

Application No.: 09/132,327-Conf. #9217 First Named Applicant: Michel Safars
Examiner: C. B. Paula Art Unit: 2178 Status of Application: Pending

Tentative Participants:

(1) Examiner C. B. Paula (2) Aly Z. Dossa (L0031)
(3) _____ (4) _____

Proposed Date of Interview: TBD Proposed Time: TBD (AM/PM)

Type of Interview Requested:

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

Brief Description of Arguments to be Presented:

Discuss new claims 79-98

An interview was conducted on the above-identified application on _____.

NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP §713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.


Applicant/Applicant's Representative Signature

Examiner/SPE Signature

Aly Z. Dossa
Typed/Printed Name of Applicant or Representative

L0031
Registration Number, if applicable



Application No. (if known): 09/132,327

Attorney Docket No.: 17363/002001

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM052146448US in an envelope addressed to:

MS RCE
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Alexandria, VA 22313-1450

on May 18, 2007
Date

Brenda C. McFadden

Signature

Brenda C. McFadden

Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 228-8600
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Request for Continued Examination Transmittal (1 page)

Submission Pursuant to 37 C.F.R. Section 1.114 with attachment
(9 pages)

Payment by credit card. Form PTO-2038 is attached (1 page)

Charge \$395.00 to credit card